

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036077

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9256

VS 300  
Rev. 4/59

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240013

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. FILED OCT 3 1962  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. LouisLength of stay in lb  
2 1/2 weeksc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION De Paul HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Bellefontaine Neighbors

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
9724 Hemlock DriveReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First Harold

Middle N

Last Doerr

4. DATE OF DEATH

Month September Day 24 Year 1962

5. SEX  
male6. COLOR OR RACE  
white7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
6-30-19229. AGE (last birthday)  
40IF UNDER 1 YEAR  
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Clerk10b. KIND OF BUSINESS OR INDUSTRY  
Brinker Tractor Co11. BIRTHPLACE (City and state or country)  
Belleville, Illinois12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Edward Doerr

13b. MOTHER'S MAIDEN NAME

Marie Grosze

14. NAME OF HUSBAND OR WIFE

Ruth A. Doerr

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, year unknown) (If yes, give year or dates of service)  
Yes 2nd World War

17. INFORMANT

Address

Mrs. Ruth A. Doerr, 9724 Hemlock Drive

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH  
2 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinoma of Lung

10 mo.

DUE TO (c)

163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 1961 to Sept. 1962 and last saw him alive on September 23, 1962  
Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Robert M. Launch, M.D.

52 Maryland Plaza

25 Sep 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

23b. DATE

Sept 27, 1962

23c. NAME OF CEMETERY OR CREMATORY

Lakewood Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Math Hermann & Son, Inc., 2161 E. Fair Av  
St. Louis, 7, Missouri

25. DATE RECD. BY LOCAL REG.

SEP 26 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Julius R Brown

Licensed Embalmer No. 5146

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.